

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORMS 10-875)

SERIAL NO.

FILING DATE

10/549,736  
APPLICANT(S)

8/9/9

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	2					
TOTAL DEP.	13					
TOTAL CLAIMS	15					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER: 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						